

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30618

FILED OCT 6 1948

Registration District No.

275

Primary Registration District No.

3053

Registrar's No.

80

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 Park St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community Most of Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANN MARTIN

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race Wh.
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased June 14, 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 13
If less than one day hr. min.

9. Birthplace Maries County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Richard Frewett
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Palmer
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Minnie Martin
(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof 9-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons F. H.

(b) Address Rolla, Missouri

19. (a) 10-1-48 (b) Nadine L. Stoeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 509 Park Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from past 10 years
that I last saw her alive on 9-27- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 1 hr.

Due to
Due to

Other conditions chr. myocarditis, senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. E. Fawcett M.D. (M. D. or other)
Address Rolla, Mo. Date signed 9-28-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Public Health Officer

County, Missouri

Date Filed 10/5/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Paul E. Null
Licensed Embalmer No. 4498
P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.